

PARENT GENERAL INFORMATION

PLEASE KEEP

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GENESEO

COMMUNITY UNIT
SCHOOL DISTRICT #228

Where the *future* grows.



GENESEO HIGH SCHOOL

700 North State State
Geneseo, IL 61254
309-945-0399



GENESEO MIDDLE SCHOOL

333 East Ogden Avenue
Geneseo, IL 61254
309-945-0599



MILLIKIN ELEMENTARY SCHOOL

920 South Congress
Geneseo, IL 61254
309-945-0475



NORTHSIDE ELEMENTARY SCHOOL

415 North Russell
Geneseo, IL 61254
309-945-0625



SOUTHWEST ELEMENTARY SCHOOL

715 South Center
Geneseo, IL 61254
309-945-0652



UNIT OFFICE

648 North Chicago
Geneseo, IL 61254
309-945-0450

To: Parents of Students Entering Kindergarten
Re: Kindergarten Entry Requirements
From: Geneseo School Nurses

The State of Illinois School Code has established medical requirements for students entering kindergarten. Listed below are the mandated requirements that need to be completed **prior to the start of school in August.**

Physicals are available from your family care provider, the Henry County Health Department or Urgent Care centers. Please call early to make your appointment. Not all facilities provide all of the immunizations so be aware that immunizations are required and may need to be received at a separate location depending on where you obtain your child's physical.

Mandated requirements by the State of Illinois:

1. **School physical** with the student's up-to-date immunizations, medical health history completed and signed by a parent. The physical exam must be signed and dated by the physician.
2. **Dental Exam** – The State of Illinois requires all students entering kindergarten for the first time to have a dental exam.
3. **Immunizations:** Required immunizations for entry to kindergarten
 - a. **DTP/DTaP** **4 or more doses with the last dose given on or after the 4th birthday**
 - b. **Polio** **4 or more doses of the same type of polio vaccine (IVP or OVP) with the booster dose given after the 4th birthday**
 - c. **MMR** **2 doses – 1st dose after 1st birthday; 2nd dose no less than 4 weeks later**
 - d. **Varicella** **2 doses – 1st dose after 1st birthday; 2nd dose no less than 4 weeks later**
 - e. **Religious Objection:** Beginning October 16, 2015 any parent that is requesting religious exemption from immunizations and/or health examinations **MUST** present to the school nurse a **Certificate of Religious Exemption** form completed and signed by their physician by the first day of school.
 - f. For more information regarding immunizations please go to http://www.isbe.net/pdf/school_health/immunization-requirements.pdf.
4. **Lead Screening** is required for your child one time prior to entering kindergarten.
 - a. A doctor or nurse must sign the Lead Risk Assessment Questionnaire.
5. **Vision Exam** – The State of Illinois required all students entering kindergarten for the first time to have a vision exam, given by a licensed professional specializing in eye care. (Ophthalmologist or Optometrist)

Please find the required forms to have completed and signed by the appropriate physician. Again, all requirements are to be completed prior to the first day of school to prevent your child's exclusion from school.

	Millikin	Northside	Southwest
Principal	Sarah Boone	Alex Kashner	Brian Hofer
Nurse	Melissa Fletcher	Helen Johnston	Joyce Dietrich
Office Number	309-945-0450	309-945-0625	309-945-0652



State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle				Birth Date Month/Day/Year		Sex	Race/Ethnicity	School /Grade Level/ID#											
Address Street City Zip Code				Parent/Guardian		Telephone # Home		Work											
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.																			
REQUIRED Vaccine / Dose	DOSE 1 MO DA YR			DOSE 2 MO DA YR			DOSE 3 MO DA YR			DOSE 4 MO DA YR			DOSE 5 MO DA YR			DOSE 6 MO DA YR			
DTP or DTaP																			
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			
Hib Haemophilus influenza type b																			
Pneumococcal Conjugate																			
Hepatitis B																			
MMR Measles Mumps. Rubella																			
Varicella (Chickenpox)																			
Meningococcal conjugate (MCV4)																			
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose										Comments:									
Hepatitis A																			
HPV																			
Influenza																			
Other: Specify Immunization Administered/Dates																			
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.																			
Signature						Title						Date							
Signature						Title						Date							
ALTERNATIVE PROOF OF IMMUNITY																			
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR																			
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. Date of Disease Signature Title																			
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result. *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																			
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review.																			

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last First Middle			Birth Date Month/Day/ Year		Sex	School	Grade Level/ ID
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER							
ALLERGIES (Food, drug, insect, other)		Yes No	List:		MEDICATION (Prescribed or taken on a regular basis.)		Yes No
Diagnosis of asthma?		Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes No
Child wakes during night coughing?		Yes	No		Hospitalizations?		Yes No
Birth defects?		Yes	No		When? What for?		
Developmental delay?		Yes	No		Surgery? (List all.)		Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No		When? What for?		
Diabetes?		Yes	No		Serious injury or illness?		Yes No
Head injury/Concussion/Passed out?		Yes	No		TB skin test positive (past/present)?		Yes* No
Seizures? What are they like?		Yes	No		TB disease (past or present)?		Yes* No
Heart problem/Shortness of breath?		Yes	No		Tobacco use (type, frequency)?		Yes No
Heart murmur/High blood pressure?		Yes	No		Alcohol/Drug use?		Yes No
Dizziness or chest pain with exercise?		Yes	No		Family history of sudden death before age 50? (Cause?)		Yes No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?		Yes	No		Parent/Guardian Signature		
Bone/Joint problem/injury/scoliosis?		Yes	No		Date		
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA							
HEAD CIRCUMFERENCE if <2-3 years old		HEIGHT		WEIGHT		BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>							
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)							
Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/>		Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Blood Test Date		Result	
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm . No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____							
LAB TESTS (Recommended)		Date	Results		Date	Results	
Hemoglobin or Hematocrit			Sickle Cell (when indicated)				
Urinalysis			Developmental Screening Tool				
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs		
Skin				Endocrine			
Ears		Screening Result:		Gastrointestinal			
Eyes		Screening Result:		Genito-Urinary		LMP	
Nose				Neurological			
Throat				Musculoskeletal			
Mouth/Dental				Spinal Exam			
Cardiovascular/HTN				Nutritional status			
Respiratory		<input type="checkbox"/> Diagnosis of Asthma		Mental Health			
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				Other			
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions			
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.							
On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)							
PHYSICAL EDUCATION		Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>	INTERSCHOLASTIC SPORTS		Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		
Print Name (MD,DO, APN, PA)				Signature		Date	
Address				Phone			



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____



Illinois Department of Public Health
Childhood Lead Risk Assessment Questionnaire

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING
(410 ILCS 45/6.2)**

Name _____ Today's Date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.

R E S P O N S E

- | | |
|---|-----------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes No Don't Know |
| 9. Does this child reside in a high-risk ZIP code area? | Yes No Don't Know |

A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; **and**

- there has been no change in the child's living conditions; **and**
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result _____ mcg/dL Date _____ Test 2: Blood Lead Result _____ mcg/dL Date _____

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

Signature of Doctor/Nurse

Date

Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466

**Illinois Department of Public Health
Guidelines for Blood Lead Screening and Lead Risk Assessment**

- **Blood lead screening** is defined as obtaining a blood lead test. **Lead risk assessment** is defined as evaluation of potential for exposures to lead based on questionnaire responses.
- **It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or potential exposure to lead has been identified, regardless of child's age.**
- Illinois has defined ZIP code areas at high risk and low risk for lead exposure based on housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.
- In Illinois, all children from **low-income families** (i.e., Medicaid-eligible children) should receive a blood lead test at ages 12 and 24 months, even if they live in a low-risk ZIP code area. If the child is 3 through 6 years old and has not been tested, a blood lead test is required.

Childhood Lead Risk Assessment Questionnaire

- Complete the Childhood Lead Risk Assessment Questionnaire during a health care visit at ages 12 and 24 months.
 - If responses to all the questions are “NO,” re-evaluate at every well child visit or more often if deemed necessary.
 - If any response is “YES” or “DON’T KNOW,” obtain a blood lead test
- Consider evaluating children before 12 months of age, depending on the area.
- If the child is age 3-6 years **and**
 - 1) there is any “YES” or “DON’T KNOW” **and**
 - 2) has had two successive blood lead test results that were each less than < 10 mcg/dL with one of these tests at age 2 years or older **and**
 - 3) risks of exposure to lead have not changed, **further blood lead tests are not necessary.**
- If the child is 1) 3-6 years, **and** 2) all answers to the Childhood Lead Risk Assessment Questionnaire are “NO,” **and** 3) risks of exposure to lead have not changed, a blood lead test is not necessary.
- If the child is 3-6 years of age and risks of exposures to lead have increased, obtain a blood lead test.
- Continue to use the Childhood Lead Risk Assessment Questionnaire through age 6.

For children living in Chicago:

- A blood lead test for children age 3 and younger should be obtained at 6, 12, 18, 24 and 36 months **OR** at 9, 15, 24 and 36 months.
- Children 4 through 6 years of age with prior blood lead levels <10 mcg/dL should have an annual risk assessment. A blood lead test should be performed if risk increases or if the child exhibits persistent oral behaviors.

Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466



State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)
Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)
Parent or Guardian _____
(Last) (First)
Phone _____
(Area Code)
Address _____
(Number) (Street) (City) (ZIP Code)
County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____
Ocular history: ☐ Normal or Positive for _____
Medical history: ☐ Normal or Positive for _____
Drug allergies: ☐ NKDA or Allergic to _____
Other information _____

Examination

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? ☐ Yes ☐ No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

☐ Normal ☐ Myopia ☐ Hyperopia ☐ Astigmatism ☐ Strabismus ☐ Amblyopia

Other _____



State of Illinois Eye Examination Report

Recommendations

1. Corrective lenses: ☐ No ☐ Yes, glasses or contacts should be worn for:
☐ Constant wear ☐ Near vision ☐ Far vision
☐ May be removed for physical education

2. Preferential seating recommended: ☐ No ☐ Yes

Comments _____

3. Recommend re-examination: ☐ 3 months ☐ 6 months ☐ 12 months
☐ Other _____

4. _____

5. _____

Print name _____

Optometrist or physician (such as an ophthalmologist)
who provided the eye examination ☐ MD ☐ OD ☐ DO

License Number _____

Address _____

Phone _____

Signature _____

Date _____

Consent of Parent or Guardian

I agree to release the above information on my child
or ward to appropriate school or health authorities.

(Parent or Guardian's Signature)

(Date)

(Source: Amended at 32 Ill. Reg. _____, effective _____)

School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN (Note: for asthma inhalers only, use the "Asthma Inhalers" section below):

Physician's Printed Name: _____ Office Phone: _____

Office Address: _____ Emergency Phone: _____

Medication name: _____ Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Expected side effects, if any: _____

Is it necessary for this medication to be administered during the school day? Yes ☐ No ☐

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature _____ Date _____

Asthma Inhalers : *Parent(s)/Guardian(s) please attach prescription label here:*

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). ***If you agree please initial:*** _____

Parent/Guardian

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and**

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name _____

Address (if different from Student's above): _____

Phone: _____ Emergency Phone: _____

Parent/Guardian signature _____ Date _____



2018 - 2019

KINDERGARTEN SCHOOL SUPPLY LIST

Millikin, Northside, Southwest

- 2 Vinyl Pocket Folders with prongs (solid colors)
- 1 Pair Fiskar-brand Safety Scissors with metal cutting edge
- 2-1" thick 3-Ring Binders (hard cover with pockets)
- 1-3-hole plastic pencil pouch (make sure holes align with binder rings)
- 1 Book Bag (no wheels)
- 1 Plastic Crayon Box
- 2 Boxes of 8-count Crayola Crayons
- 3 Boxes of 24-Count Crayola Crayons
- 4 Boxes of 10-count Broad Line Crayola Classic Colors Markers
- 1 Pink Eraser
- 2 **Black** Dry Erase Markers, thin line, low odor
- 1 Set Headphones – NO earbuds and no l-shaped jacks as they do not fit in the ipads, please! (Will be returned to you at end of year.)
- 10 **Elmer's** Glue Sticks
- 1 Large Box of Kleenex (180 plus count)

- Boys: 1-80-count refill package of Baby Wipes
- Girls: 1 box gallon-size Ziplock bags

- **Art Supplies:**

- Sharpie Ultra Fine Tip Black markers (One pack 2 ct. or more)

GENESEO SCHOOL DISTRICT 2018-2019 FEES

Registration Fees		
Grade Level	Standard	Reduced
K-8	\$120.00	\$40.00

Cafeteria Prices			
Grade Level	Lunch	Breakfast	Milk
Grades K-5	\$2.40	\$1.50	0.40

S.A.F.E. Before & After School Program Rates

Rate Category	# of Children	2018-19 Rate
Before School	1st Child	\$7.75
	2nd Child	\$7.25
	3rd Child	\$6.50
After School	1st Child	\$10.25
	2nd Child	\$9.75
	3rd Child	\$9.00
B & A School	1st Child	\$13.75
	2nd Child	\$11.75
	3rd Child	\$10.50
All Day	1st Child	\$26.75
	2nd Child	\$22.75
	3rd Child	\$20.50

Rate Category	# of Children	2018-19 Rate
Half Day - During school year only	1st Child	\$16.75
	2nd Child	\$13.75
	3rd Child	\$13.00
Before School & Half Day (Same day; During school year)	1st Child	\$21.75
	2nd Child	\$19.75
	3rd Child	\$16.50
All Day - Summer Months	1st Child	\$27.75
	2nd Child	\$23.75
	3rd Child	\$21.75

ESTABLISHING STUDENT RESIDENCY

The following items must be presented to the school as part of your student's registration materials:

Birth Certificate

- Certified or registered birth certificate for the student

Proof of Residency within the District (THREE documents required)

Note: Military Personnel please refer to item below marked "Military Personnel."

ONE of the following documents must be provided:

- Most recent property tax bill and proof of payment; OR
- If you are a homeowner, you may provide a copy of your mortgage papers; OR
- If you are a renter, you may provide a signed and dated lease and proof of last month's payment or a letter of residence from your landlord in lieu of a lease (please request a blank copy of form 7:60-AP2, E1 from the school office); OR
- If you are a trailer park resident, you may provide a letter from the park manager and proof of last month's payment; OR
- If you live with a District resident and you do not own the home or pay rent, you may provide a letter of residence (please request a blank copy of form 7:60-AP2, E2 from the school office)

TWO of the following documents showing your current address within the district must be provided:

- Driver's license
- Vehicle registration
- Voter registration
- Most recent cable TV and/or credit card bill
- Current bank statement
- Current public aid card
- Current homeowners/renters insurance policy and premium payment receipt
- Most recent gas, electric, and/or water bill
- Current library card
- Receipt for moving van rental

Military Personnel enrolling a student for the first time in the District must provide one of the following within 60 days after the date of student's initial enrollment:

- Postmarked mail addressed to military personnel
- Lease agreement for occupancy
- Proof of ownership of residence

WARNING: If a student is determined to be a nonresident of the District for who, tuition must be charged, the persons enrolling the students are liable for non-resident tuition from the date the student began attending a District school as a non-resident. A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)). A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Students

Residence

Resident Students

Only students who are residents of the District may attend a District school without a tuition charge, except as otherwise provided below or in State law. A student's residence is the same as the person who has legal custody of the student.

A person asserting legal custody over a student, who is not the child's natural or adoptive parent, shall complete a signed statement, stating: (a) that he or she has assumed and exercises legal responsibility for the child, (b) the reason the child lives with him or her, other than to receive an education in the District, and (c) that he or she exercises full control over the child regarding daily educational and medical decisions in case of emergency. If the District knows the current address of the child's natural or adoptive parent, the District shall request in writing that the person complete a signed statement or Power of Attorney stating: (a) the role and responsibility of the person with whom their child is living, and (b) that the person with whom the child is living has full control over the child regarding daily educational and medical decisions in case of emergency.

A student whose family moves out of the District during the school year will be permitted to attend school for the remainder of the year without payment of tuition.

When a student's change of residence is due to the military service obligation of the student's legal custodian, the student's residence is deemed to be unchanged for the duration of the custodian's military service obligation if the student's custodian made a written request. The District, however, is not responsible for the student's transportation to or from school.

If, at the time of enrollment, a dependent child of military personnel is housed in temporary housing located outside of the District, but will be living within the District within 60 days after the time of initial enrollment, the child is allowed to enroll, subject to the requirements of State law, and must not be charged tuition.

Requests for Nonresident Student Admission

Nonresident students may attend District schools upon the approval of a request submitted by the student's parent(s)/guardian(s) for nonresident admission. The Superintendent may approve the request subject to the following:

1. The student will attend on a year-to-year basis. Approval for any one year is not authorization to attend a following year.
2. The student will be accepted only if there is sufficient room.
3. The student's parent(s)/guardian(s) will be charged the maximum amount of tuition as allowed by State law.
4. The student's parent(s)/guardian(s) will be responsible for transporting the student to and from school.

Admission of Nonresident Students Pursuant to an Agreement or Order

Nonresident students may attend District Schools tuition-free pursuant to:

1. A written agreement with an adjacent school district to provide for tuition-free attendance by a student of that district, provided both the Superintendent or designee and the adjacent district determine that the student's health and safety will be served by such attendance.
2. A written agreement with cultural exchange organizations and institutions supported by charity to provide for tuition-free attendance by foreign exchange students and nonresident pupils of charitable institutions.
3. According to an intergovernmental agreement.
4. Whenever any State or federal law or a court order mandates the acceptance of a nonresident student.

Homeless Children

Any homeless child shall be immediately admitted, even if the child or child's parent/guardian is unable to produce records normally required to establish residency. School Board policy 6:140, *Education of Homeless Children*, and its implementing administrative procedure, govern the enrollment of homeless children.

Challenging a Student's Residence Status

If the Superintendent or designee determines that a student attending school on a tuition-free basis is a nonresident of the District for whom tuition is required to be charged, he or she on behalf of the School Board shall notify the person who enrolled the student of the tuition amount that is due. The notice shall detail the specific reasons why the Board believes that the student is a nonresident of the District and shall be given by certified mail, return receipt requested. The person who enrolled the student may challenge this determination and request a hearing as provided by the School Code, 105 ILCS 5/10-20.12b.

LEGAL REF.: McKinney-Vento Homeless Assistance Act, 42 U.S.C. §11431 et seq.

105 ILCS 5/10-20.12a, 5/10-20.12b, and 5/10-22.5.

105 ILCS 45/ and 70/.

23 Ill.Admin.Code §1.240.

Israel S. by Owens v. Board of Educ. of Oak Park and River Forest High School
Dist. 200, 601 N.E.2d 1264 (Ill.App.1, 1992).

Joel R. v. Board of Education of Manheim School District 83, 686 N.E.2d 650
(Ill.App.1, 1997).

Kraut v. Rachford, 366 N.E.2d 497 (Ill.App.1, 1977).

CROSS REF.: 6:140 (Education of Homeless Children), 7:50 (School Admissions and Student Transfers To and From Non-District Schools), 7:70 (Attendance and Truancy)

Adopted by Board Action 02/04/2002

Amended by Board Action 04/07/03

Amended by Board Action 09/11/08

Amended by Board Action 04/16/2009

Amended by Board Action 02/13/2014

Amended by Board Action 04/13/2017

Geneseo Community Unit School District 228

7:60-AP2, E1

Students

Exhibit - Letter of Residence from Landlord in Lieu of Lease

A person seeking to enroll a child may use this form as evidence of residency when a signed lease is unavailable – other documents will also be required to establish residency. Return this completed form, signed by your landlord, to the Building Principal. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

To be completed and signed by the individual enrolling the child and returned to the Principal. Please print.

Child	School	
Individual enrolling the child	Home Telephone	
Relationship to the child		
Residence street address	City	Zip code
Landlord's name	Landlord's telephone	
Landlord's address	City	Zip code
Signature of the individual enrolling the student	Date	

To be signed by your landlord to verify that you are renting this residence.

I certify that the individuals named above are living in the residence named above for the lease term of _____ / _____ / _____ through _____ / _____ / _____.

Landlord's signature	Date
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WARNING: If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for nonresident tuition from the date the student began attending a District school as a nonresident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Superintendent Review, August, 2010
Superintendent Review, October, 2016

Geneseo Community Unit School District 228

7:60-AP2, E2

Students

Exhibit - Letter of Residence to Be Used When the Person Seeking to Enroll a Student Is Living with a District Resident

A person seeking to enroll a child should use this form as evidence of residency when he or she cannot produce a lease, purchase property agreement, or other similar document – other documents will also be required to establish residency. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

To be completed by the individual enrolling the child and returned to the Principal. Please print.

Child	School
Individual enrolling the child	Home Telephone
Relationship to the child	
Residence street address	City
	Zip code
Signature of the individual enrolling the student	Date

To be completed and signed by the individual who is responsible for the residence. Please print.

Name of the individual who is responsible for the residence	Telephone
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I am responsible for this residence by ☐ ownership, ☐ lease, or ☐ other _____

Total number of: Persons living at this residence _____ Rooms in residence _____ Bedrooms _____

State the reasons for this living arrangement, including your relationship to the individual enrolling the child:

I certify that this information is true and that the individuals named above are living in my residence.

Signature of the individual who is responsible for the residence	Date
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WARNING: If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Superintendent Review, August, 2010
Superintendent Review, October, 2016

Students

School Admissions and Student Transfers To and From Non-District Schools

Age [Elementary or Unit Districts only]

To be eligible for admission, a child must be five years old on or before September 1 of that school term. Based upon an assessment of the child's readiness, a child will be allowed to attend first grade if he or she attended a non-public preschool, continued his or her education at that school through kindergarten, was taught in kindergarten by an appropriately licensed teacher, and will be six years old on or before December 31. A child with exceptional needs who qualifies for special education services is eligible for admission at three years of age.

Admission Procedure

All students must register for school each year on the dates and at the place designated by the Superintendent. Parents/guardians of students enrolling in the District for the first time must present:

1. A certified copy of the student's birth certificate. If a birth certificate is not presented, the Superintendent or designee shall notify in writing the person enrolling the student that within 30 days he or she must provide a certified copy of the student's birth certificate. A student will be enrolled without a birth certificate. When a certified copy of the birth certificate is presented, the school shall promptly make a copy for its records, place the copy in the student's temporary record, and return the original to the person enrolling the child. If a person enrolling a student fails to provide a certified copy of the student's birth certificate, the Superintendent or designee shall immediately notify the local law enforcement agency, and shall also notify the person enrolling the student in writing that, unless he or she complies within ten days, the case will be referred to the local law enforcement authority for investigation. If compliance is not obtained within that ten-day period, the Superintendent or designee shall so refer the case. The Superintendent or designee shall immediately report to the local law enforcement authority any material received pursuant to this paragraph that appears inaccurate or suspicious in form or content.
2. Proof of residence, as required by Board policy 7:60, *Residence*.
3. Proof of disease immunization or detection and the required physical examination, as required by State law and Board policy 7:100, *Health, Eye, and Dental Examinations; Immunizations; and Exclusion of Students*.

The individual enrolling a student shall be given the opportunity to voluntarily state whether the student has a parent or guardian who is a member of a branch of the U. S. Armed Forces and who is either deployed to active duty or expects to be deployed to active duty during the school year. Students who are children of active duty military personnel transferring will be allowed to enter: (a) the same grade level in which they studied at the school from which they transferred, if the transfer occurs during the District's school year, or (b) the grade level following the last grade completed.

Homeless Children

Any homeless child shall be immediately admitted, even if the child or child's parent/guardian is unable to produce records normally required for enrollment. Board policy 6:140, *Education of Homeless Children*, and its implementing administrative procedure, govern the enrollment of homeless children.

Foster Care Students

The Superintendent will appoint at least one employee to act as a liaison to facilitate the enrollment and transfer of records of students in the legal custody of the Illinois Department of Children and Family Services when enrolling in or changing schools.

Student Transfers To and From Non-District Schools

A student may transfer into or out of the District according to State law and procedures developed by the Superintendent or designee. A student seeking to transfer into the District must serve the entire term of any suspension or expulsion, imposed for any reason by any public or private school, in this or any other state, before being admitted into the School District.

Foreign Students [*High School or Unit Districts only*]

The District accepts foreign exchange students with a J-1 visa and who reside within the District as participants in an exchange program sponsored by organizations screened by administration. Exchange students on a J-1 visa are not required to pay tuition.

Privately sponsored exchange students on an F-1 visa may be enrolled if an adult resident of the District has temporary guardianship, and the student lives in the home of that guardian. Exchange students on an F-1 visa are required to pay tuition at the established District rate. F-1 visa student admission is limited to high schools, and attendance may not exceed 12 months.

The Board may limit the number of exchange students admitted in any given year. Exchange students must comply with District immunization requirements. Once admitted, exchange students become subject to all District policies and regulations governing students.

Re-enrollment [*High School or Unit Districts only*]

Re-enrollment shall be denied to any individual 19 years of age or above who has dropped out of school and who could not earn sufficient credits during the normal school year(s) to graduate before his or her 21st birthday. However, at the Superintendent's or designee's discretion and depending on program availability, the individual may be enrolled in a graduation incentives program established under 105 ILCS 5/26-16 or an alternative learning opportunities program established under 105 ILCS 5/13B-1 (see 6:110, *Programs for Students At Risk of Academic Failure and/or Dropping Out of School and Graduation Incentives Program*). Before being denied re-enrollment, the District will offer the individual due process as required in cases of expulsion under policy 7:210, *Expulsion Procedures*. A person denied re-enrollment will be offered counseling and be directed to alternative educational programs, including adult education programs that lead to graduation or receipt of a GED diploma. This section does not apply to students eligible for special education under the Individuals with Disabilities Education Improvement Act or accommodation plans under the Rehabilitation Act, Section 504.

Instruction

Access to Electronic Networks

Electronic networks, including the Internet, are a part of the District's instructional program and serve to promote educational excellence by facilitating resource sharing, innovation, and communication. The Superintendent shall develop an implementation plan for this policy and appoint system administrator(s).

The School District is not responsible for any information that may be lost or damaged, or become unavailable when using the network, or for any information that is retrieved or transmitted via the Internet. Furthermore, the District will not be responsible for any unauthorized charges or fees resulting from access to the Internet.

Curriculum and Appropriate Online Behavior

The use of the District's electronic networks shall: (1) be consistent with the curriculum adopted by the District as well as the varied instructional needs, learning styles, abilities, and developmental levels of the students, and (2) comply with the selection criteria for instructional materials and library resource center materials. As required by federal law and Board policy 6:60, *Curriculum Content*, students will be educated about appropriate online behavior, including but not limited to: (1) interacting with other individuals on social networking websites and in chat rooms, and (2) cyber-bullying awareness and response. Staff members may, consistent with the Superintendent's implementation plan, use the Internet throughout the curriculum.

The District's electronic network is part of the curriculum and is not a public forum for general use.

Acceptable Use

All use of the District's electronic networks must be: (1) in support of education and/or research, and be in furtherance of the goals stated herein, or (2) for a legitimate school business purpose. Use is a privilege, not a right. Students and staff members have no expectation of privacy in any material that is stored, transmitted, or received via the District's electronic networks or District computers. General rules for behavior and communications apply when using electronic networks. The District's *Authorization for Electronic Network Access* contains the appropriate uses, ethics, and protocol. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials.

Internet Safety

Technology protection measures shall be used on each District computer with Internet access. They shall include a filtering device that protects against Internet access by both adults and minors to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by federal law and as determined by the Superintendent or designee. The Superintendent or designee shall enforce the use of such filtering devices. An administrator, supervisor, or other authorized person may disable the filtering device for bona fide research or other lawful purpose, provided the person receives prior permission from the Superintendent or system administrator. The Superintendent or designee shall include measures in this policy's implementation plan to address the following:

1. Ensure staff supervision of student access to online electronic networks,
2. Restrict student access to inappropriate matter as well as restricting access to harmful materials,

3. Ensure student and staff privacy, safety, and security when using electronic communications,
4. Restrict unauthorized access, including “hacking” and other unlawful activities, and
5. Restrict unauthorized disclosure, use, and dissemination of personal identification information, such as, names and addresses.

Authorization for Electronic Network Access

Each staff member must sign the District’s *Authorization for Electronic Network Access* as a condition for using the District’s electronic network. Each student and his or her parent(s)/guardian(s) must sign the *Authorization* before being granted unsupervised use.

All users of the District’s computers to access the Internet shall maintain the confidentiality of student records. Reasonable measures to protect against unreasonable access shall be taken before confidential student information is loaded onto the network.

The failure of any student or staff member to follow the terms of the *Authorization for Electronic Network Access* and Board Policy 5:125 (Personnel Social Networking), or this policy, will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

LEGAL REF.:	No Child Left Behind Act, 20 U.S.C. §6777. Children’s Internet Protection Act, 47 U.S.C. §254(h) and (l). Enhancing Education Through Technology Act, 20 U.S.C §6751 <u>et seq.</u> 47 C.F.R. Part 54, Subpart F, Universal Service Support for Schools and Libraries. 720 ILCS 135/0.01.
CROSS REF.:	5:100 (Staff Development Program), 5:125 (Personnel Social Networking), 5:170 (Copyright), 6:40 (Curriculum Development), 6:60 (Curriculum Content), 6:210 (Instructional Materials), 6:230 (Library Media Program), 6:260 (Complaints About Curriculum, Instructional Materials, and Programs), 7:130 (Student Rights and Responsibilities), 7:190 (Student Discipline), 7:310 (Restrictions on Publications)
ADMIN PROC.:	6:235-AP1 (Administrative Procedure - Acceptable Use of Electronic Networks), 6:235-AP1, E1 (Student Authorization for Electronic Network Access), 6:235-AP1, E2 (Exhibit - Staff Authorization for Electronic Network Access)

Adopted By Board Action 09/01/1998
Amended By Board Action 11/14/2007
Amended by Board Action 08/09/2012

Student Accident Coverage Information

Dear Parent:

Because the District is an eligible member of the Prairie State Insurance Cooperative (PSIC), Student Accident Coverage will be provided for each enrolled K-12 student. No special enrollment is necessary for the school time Student Accident Coverage provided through PSIC. This insurance is **accident coverage only** and will not replace your current health insurance as it **pays secondary** to any health policy.

As a member of the PSIC, Student Accident insurance provides coverage for all school district sponsored sports and activities, including tackle football for grades 8-12.

With regard to filing a claim under the district sponsored program which includes all enrolled students you must contact your child's school and complete a Student Accident Claim Form. Please read the Claim Form for complete details on how to submit a claim. You must file a claim with your own health insurance carrier. **The Student Accident plan is designed to pay for expenses which are not reimbursed by your current health insurance.** The school district and medical/dental providers are not responsible for filing a student accident claim. If you have any questions about this program or how to purchase optional coverage, please call the District Central office at 309-945-0450.

Sincerely,

Tim Gronski
Chief School Business Official